

MAR 03 2009

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**Tel. (416) 595-1155 • Fax (416) 595-1163**

**DATE:** March 2, 2009

**Application No:** 10/517,384

**Our Ref:** 11788-13 MIS:jb

TO:	FAX #	PHONE #
US Patent and Trademarks Office Mail Stop _	(571) 273-8300	

**Total Number of Pages (Including This Page):** 5

**FROM:** Mich  el I. Stewart / 416-849-8400

**COMMENTS:**

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MAR 03 2009

PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/517,384	
		Filing Date	January 11, 2006	
		First Named Inventor	Magdy Younes	
		Examiner Name		
		Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)	1,990.00	Attorney Docket No.	11788-13 MIS:jb

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 192253 Deposit Account Name: Sim & McBurney

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): <u>Corrective Basic National Filing Fee and Surcharge Fee</u>	\$1990.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	24,973	Telephone	416-849-8400
Name (Print/Type)	Michael I. Stewart	Date	March 2, 2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AF 13 Rec'd PCT/PTO 03 MAR 2009

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T-371 P.002 MAR 03 2009

PTO/30/21 (01-00)

Approved for USA through 07/28/2009. OMB 0651-0031

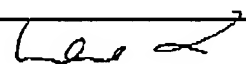
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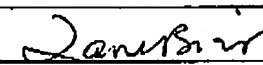
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/517,384	
	Filing Date	January 11, 2008	
	First Named Inventor	Maydy Yumma	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	11788-13 MIS:jb

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Covering letter: Deficiency of Basic National, Excess Claims, Extra Independent Claims and Multiple Claims Fees and Surcharge Fee
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sim & McBurney		
Signature			
Printed name	Michael I. Stewart		
Date	March 2, 2009	Reg. No.	24,973

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Janet Bist	Date	March 2, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 03 2009

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Please Quote

Our ref. 11788-13 MIS:jb

Your ref. 10/517,384

Writer's Direct Dial: 416-849-8400

E-mail: [mistewart@sim-mcburney.com](mailto:mistewart@sim-mcburney.com)

March 2, 2009

Via Facsimile (571) 273-8300

Mail Stop -  
Commissioner of Patents  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314  
U.S.A.

Dear Sir:

**RE: US Patent Application 10/517,384**  
**Applicant: Magdy Younes**  
**Title: METHOD AND DEVICE FOR MONITORING AND**  
**IMPROVING PATIENT-VENTILATOR INTERACTION**

The Basic National, Excess Claims, Extra Independent claims and Multiple Dependent Claims fees were paid at the Small Entity rate at the time of filing of this application, namely December 8, 2004. The applicant is a Large Entity and the Small Entity fee was paid in error.

Pursuant to CFR 1.28(c), enclosed is our deposit account payment of the difference between the large entity rate and the small entity rate and the surcharge fee. Pursuant to 37 CFR 1.27, the following itemization is provided:

- (A) Type of Fee erroneously paid: Basic National, Excess Claims, Extra Independent Claims and Multiple Claims Fees
- (B) The Amount of Basic National, Excess Claims, Extra Independent Claims and Multiple Dependent Claims fees actually paid and when:  
Fee: \$ 1,830.00 Date: December 8, 2004
- (C) The deficiency owed amount:  
Fee: \$ 1,869.00

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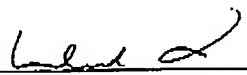
MAR 03 2009

- 2 -

(D) The total deficiency owed amount including surcharge fee:  
Fee: \$ 1,999.00

It is requested that the PTO confirm that the payment of the Basic National, Excess Claims, Extra Independent Claims and Multiple Dependent Claims fees as a small entity is excused and that the deficiency payment has been accepted, along with the surcharge fee.

Yours very truly,

  
\_\_\_\_\_  
Michael I. Stewart  
Reg. No. 24,973

Enclosure(s)

MAR 03 2009

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Please Quote

Our ref. 11788-13 MIS:jb

Your ref. 10/517,384

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March 2, 2009

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Mail Stop -  
Commissioner of Patents  
Randolph Building  
401 Dulaney Street  
Alexandria, VA 22314  
U.S.A.

Dear Sir:

RE: US Patent Application 10/517,384  
Applicant: Magdy Younes  
Title: METHOD AND DEVICE FOR MONITORING AND  
IMPROVING PATIENT-VENTILATOR INTERACTION

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